

# Liverpool House Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

# Summary of findings

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# Summary of findings

## Overall summary

Liverpool House Surgery is situated in Barrow-in-Furness and provides medical care to people in the town and surrounding villages. We carried out an announced inspection of Liverpool House Surgery on May 16, 2014. During the visit we spoke with patients and staff and looked at policies, procedures and other paper work. Care and support was given to patients by a caring team of staff who were responsive to patient's needs. We identified concerns regarding the storage of some medicines and safe control of prescription pads used by doctors to prescribe medication. We also found areas of concern relating to infection control monitoring.

Feedback from patients during the inspection and from people who had completed the CQC comment cards prior to the inspection, without exception expressed a good level of satisfaction with the service they had received. The patients felt that overall care and treatment was very good, that staff were caring and they treated people in a sensitive and dignified manner.

We have issued the practice with a compliance action for medicines management, and infection control and requirements relating to workers.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

Some areas of the service were found to be not safe. Medication stored within the practice was not kept safe and secure and its usage was not monitored. We saw that the use and issuing of prescription pads was not monitored to identify loss. We saw that people were not always protected against the risk of infection because the cleanliness of the environment and infection control was not maintained. We saw that there were short falls in the management of infection control.

### **Are services effective?**

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner and appropriate timely referrals made. The provider was regularly undertaking clinical audit, review of processes and monitored the performance of staff.

### **Are services caring?**

The service was very caring. The patients we spoke to during the inspection and those who had completed the CQC comment cards prior to our visits were very complimentary about the service. The provider undertook regular patient surveys, which produced consistently positive results above the national average. The provider's induction and training programmes emphasised the need for a patient centred approach to care

### **Are services responsive to people's needs?**

The service was responsive to people's needs. There was involvement from the Patient Participation Group (PPG) and patient's suggestions for improving the service were acted upon. The provider participated actively in discussions with commissioners about how to improve services for patients in the area and there was a nominated lead in the practice to communicate with the Clinical Commissioning Group (CCG).

### **Are services well-led?**

The service was well led. There was an identified leadership team in the practice with a clear vision and purpose. Governance structures were in place and there were systems in place for managing risk. Key members of staff were committed to maintaining and improving standards of care and encouraged good working relationships amongst the staff and other stakeholders. We saw good examples of leadership and care management in the practice.

# Summary of findings

## What people who use the service say

Without exception the patients we spoke with during the inspection were very complimentary about the service they received. They told us that it was excellent, caring, efficient, professional, friendly, well managed and they would recommend this practice to their family and friends. We looked at the patient survey results which collected the views of patients who used the service. Patients were positive about the service they received.

We received 25 comment cards which patients and relatives had completed prior to our visit and we spoke with eight patients and three members of the PPG. The patients were extremely complimentary about the staff, care and treatment they received. People told us they were able to access appointments in the practice to see the GP or nurse.

## Areas for improvement

### Action the service **MUST** take to improve

Medication was not stored safely, the expiry dates of medication were not checked and the use of prescription pads were not monitored

Infection control in the practice was not effectively managed.

Recruitment and interviewing processes in regard to references and The Disclosure and Barring Service (DBS) were not followed.

There were no emergency lighting systems or fire doors in place throughout the practice. The fire exits were obstructed and not kept clear of combustibles and not easily opened.

Privacy and dignity of patients were not maintained in the practice, there were no privacy screens available in any of the consulting rooms.

The sharps bins used to dispose of sharp objects and needles were in reach of children.

### Action the service **COULD** take to improve

The provider could improve learning and development in the practice. There was a limited number of significant events analysis (SEA), risk monitoring and complaints reviews undertaken in the practice.

# Liverpool House Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector, GP specialist and specialist a practice manager.

### Background to Liverpool House Surgery

Liverpool House Surgery is situated in the town centre of Barrow-in-Furness Cumbria. The practice provides primary medical services to 5,373 people in the town and surrounding villages. The practice offered extended services so opened at 7.30am two days a week and closed at 6.30pm Monday to Friday. There are three doctors working at the practice supported by two practice nurses, a healthcare assistant and administration team. Out of hours provision was provided by Cumbria Health On Call (CHOC).

Liverpool House Surgery is housed in an older building and former shop. The outside of the building is not well kept and the sign with the name of the surgery is missing. Services are provided over two floors and there was limited access for people with disabilities as they could not access the upper floor. We saw that there were plans to relocate the practice to a modern spacious building in 2016.

### Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 16 May 2014 between 8.30 am and 17.00 hrs.

## Detailed findings

During our visit we spoke with a range of staff, including the practice manager, three GPs, a practice nurse, three receptionist staff which included the supervisor, the referral clerk/ secretary.

We spoke with eleven patients who used the service and we observed how people were being cared for. We also

reviewed 25 CQC comment cards where patients and members of the public shared their views and experiences of the service. We spoke with eight patients and three members of the PPG

# Are services safe?

## Summary of findings

Overall some of the services were found to be not safe. Medication stored within the practice was not kept safe and secure and its usage was not monitored. We saw that the use and issuing of prescription pads was not monitored to identify loss. We saw that people were not always protected against the risk of infection because the cleanliness of the environment and infection control was not maintained. We saw that there were short falls in the management of infection control.

## Our findings

### Safe patient care

The provider regularly reviewed and monitored patient safety in the practice. The provider had a good track record for maintaining patient safety. Information from the quality and outcomes framework, which is a national performance measurement tool, showed that in 2012-2013 the provider was appropriately identifying and reporting incidents. The provider had processes in place for recording, monitoring and circulating any safety and medication alerts received by the practice. The information was circulated to staff and a record kept which detailed any actions required or taken. This meant that the provider had a system to monitor the action taken on receipt of all alerts received into the practice. From our discussions we found that GPs were aware of the latest best practice guidelines and incorporated this into their day-to-day practices. Staff actively reflected on their practice and recognised the benefits of identifying any lapses in practice. We saw that actions had been taken to prevent a re- occurrence of those incidents in the future. The provider submitted regular reports to the Clinical Commissioning Group (CCG). The local CCG monitored the provider's performance in relation to complaints and significant adverse event reporting. We saw that medical alerts and the National Institute of Health Care Excellence (NICE) guidance came into the practice via the practice manager who recorded them and cascaded these to the clinical staff. They were available to all staff on the practice intranet and discussed at the clinical meeting to identify actions required. NICE recommendations were read by an identified GP and then presented to members of the clinical team.

### Learning from incidents

The provider had processes in place to review incidents occurring in the practice. The practice held significant event meetings (SEAs) and we looked at how the practice recorded the meetings and identified actions. We saw that the provider held regular meetings to discuss complaints, incidents or adverse events. The provider shared with us the annual report for complaints and serious adverse events for 2013 /14. We saw that where actions had been identified they had been addressed. We saw that during 2013 there had been eight SEA meetings held, there were no records of SEA meetings for 2014. The practice had a 'No blame culture' this means each mistake or risk is seen as an opportunity to learn and improve clinical care. We



# Are services safe?

spoke with the GPs, nurses and practice manager who told us the practice held weekly clinical meetings where issues and concerns were discussed. These meetings were not documented.

## Safeguarding

We found that the provider had a strong safeguarding process and comprehensive safeguarding policies and procedures in place to protect vulnerable patients. There was a named clinical lead in the practice and all staff had undergone training and were aware of the safeguarding process. This meant that staff had a good understanding of safeguarding and knew how to recognise risks and respond appropriately. We saw that there were regular meetings held in the practice with the safeguarding lead, health visitors, district nurses, children's nurse, midwives and a nurse with key responsibilities for children looked.

## Monitoring safety and responding to risk

The practice had developed clear lines of accountability for all aspects of care and treatment. Doctors and nurses were allocated lead roles or areas of responsibility. Processes were in place to continually monitor skill mix, demand and capacity within the practice. This meant that the practice could identify if there were sufficient staff with the right skills to meet patients need. The systems were effectively monitored by the practice manager and senior staff. Findings were routinely analysed and any emerging risks were reviewed and discussed with staff. We found that the provider ensured that the clinical staff received regular cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaplastic shock. Staff told us they were regularly trained to ensure they remained competent and confident.

## Medicines management

Liverpool House Surgery had processes in place to regularly review and monitor the prescribing of medication. The practice had a pharmacy optimising manager attached to the surgery with whom they worked closely to address concerns around prescribing. We saw that they had quarterly meetings to address concerns and action plans were developed and agreed. The provider had been identified as being an outlier in some prescribing areas. Examples of those were high prescribing of antibiotics and benzodiazepine prescribing. Benzodiazepines are used in the treatment of anxiety, panic attacks, insomnia, seizures and muscle spasms. The pharmacy optimising manager had established clinics in the practice to work

with patients to reduce the use of benzodiazepines. The prescribing trend in the practice was peer reviewed and benchmarked with other practices in the Cumbria area. This meant that the provider could see how their prescribing compared to other practices in the area and identify any differences or concerns. We saw that practice used electronic prescribing and people could order repeat prescriptions at the surgery or by telephone.

We looked at medicines stored in the practice and found that these medicines were not kept safe and secure nor was their usage monitored. Examples of those were medication used in an emergency, for sedation, nausea and pain relief. We saw that processes were in place to check the expiry of medication however we found some medications used to assist with breathing were out of date. There were no controlled drugs (CDs) stored in the practice. We saw that the use and issuing of prescription pads was not monitored to prevent their loss of within the practice.

We saw that checks were in place to ensure medication was stored at the correct temperature and the provider had contracts in place to ensure the safe disposal of unwanted medicines. We looked at how vaccines were ordered and checked on receipt and stored. We saw that regular checks were in place to ensure vaccines were stored appropriately. We saw that the keys were left in fridge door which held the vaccines and the room was left unattended at times. We saw that in the fridge there was a box of eye drops opened that had been prescribed for a patient in 2013.

We saw that there were no systems in place to check and monitor the contents of the doctor's bags carried on home visits. We examined the doctor's bag and found syringes, needles and dressings several years out of date, there were also prescriptions pads for two named doctors. There was no assurance that the bags were well stocked and equipment and dressings were in date.

## Cleanliness and infection control

The provider had systems and processes in place to monitor the cleanliness of the service and infection control. We saw that policies and procedures were detailed and had been reviewed and there were cleaning schedules available for the rooms and offices. This provided the cleaning staff with details of what needed to be cleaned and the frequency. There was a named lead for infection control identified, who undertook infection control audits, risk assessments and monitoring of the environment. We

# Are services safe?

looked at the infection control audit undertaken in Sept 2012 and 2013. A number of actions identified in 2012 audit had not been completed. Examples of these were wallpaper in clinical areas, no splash backs behind sinks, non-disposable towels, tablets of soap, in toilets or clinical areas and the furniture in waiting and consulting areas was not easy to clean. We saw areas that were cluttered particularly around the sink areas and the clinical waste bins were not easily accessed. Examples of these were the health care assistants (HCA) room and the preparation /storage area adjoining the treatment room.

We saw in the policy that the floors in the public areas and treatment rooms were carpeted and should be cleaned annually however it was not clear when this had last been done. We saw that the carpets in the practice were stained and very worn. The paint work and wall paper in clinical areas was damaged places. This means it is difficult to clean and there is a risk of infection. In the patient and some staff toilets we saw non-disposable towels being used increasing the risk of cross contamination between people. We saw that some toilets were being used to store other equipment for example, water cooler bottles and other equipment, there was a risk of contamination of these items. We found that people were not protected from the risk of infection.

## Staffing and recruitment

We saw that the provider had developed a recruitment and induction policy for staff. We looked at staff records for two people who had been employed since March 2014 we saw that checks had been made when recruiting staff however the provider had stated in some instances that they had taken up verbal references. The reference details had not been recorded, it did not state if there were references taken from the previous employer. We saw that ancillary staff had been employed without the provider undertaking Disclosure and Barring Service checks or completing a risk

assessment. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

All staff employed by the practice had an annual appraisal and support from the management team. We looked at the training records for the practice and saw that staff had good access to a range of courses appropriate to their work. The provider had an excellent system for monitoring on line courses accessed by staff. The staff member did not complete the course until it was evidenced that they had read the linked practice policies to the training. We saw that the practice manager was currently using a tool to look at capacity and demand within the practice. This would help identify the need for extra staff in the future.

## Dealing with Emergencies

The provider had equipment in place to deal with a medical emergency in the practice. Examples of those were a defibrillator, medication, nebuliser, airway control and oxygen. We saw that there were processes in place to regularly check these. We saw that staff had received training in dealing with emergencies and that the clinicians had received further training in dealing with medical emergencies. The provider had developed robust plans to deal with emergencies that might interrupt the smooth running of the service however there were no telephone numbers shown. An alternative site had been identified for potential use if the providers' main primary care centre became unavailable for any reason.

## Equipment

We saw that there were processes in place to regularly check and calibrate equipment. We saw a system in place to regularly check and equipment used in clinical areas. There were systems in place to regularly screen for Legionella. Staff were aware of the processes in place to report faulty or broken equipment used in the practice.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner and appropriate timely referrals made. The provider was regularly undertaking clinical audit, review of processes and monitored the performance of staff.

## Our findings

### Promoting best practice

We saw that there were systems in place to ensure that the practice demonstrated knowledge and understood about best practice. The clinical staff we spoke with were aware of best practice and we saw a range of evidence that they kept updated. One member of staff we spoke with showed us they had downloaded an 'app' on their phone and computer that continually provided them with updates and best practice information. In the practice we found a culture of learning, openness to continual review and supportive to staff.

The practice recognised and was able to identify population groups and the particular patients' needs of these groups. Examples of these were mental health and older people. The provider had developed good access for patients and monitored this closely. The clinical staff in the practice had received training to ensure they could recognise and respond to people's needs using best practice.

We saw excellent prompt referrals to on-going services by the practice. The provider could demonstrate that they regularly monitored referrals to ensure they were prompt and had been received. This ensured that best practice was followed by improving timely access to services.

Patients with long term conditions required regular review and monitoring of their conditions to ensure they stayed healthy and to prevent complications in their condition. We saw that the provider regularly monitored this group of patients and benchmarked their performance against other practices in Cumbria and nationally. To ensure patients regularly attended appointments to monitor their long term conditions they were able to arrange appointments to suit themselves and were not tied into set clinic times. We saw evidence that staff had undergone further training in the management of particular long term conditions.

We saw that End of Life Care, within the practice was delivered in line with national best practice; there was a multi-agency, multi-disciplinary approach. We saw that the practice used The Gold Standard Framework which promotes the best standard of care at the end of life. This meant that all aspects of patients care were well co-ordinated and responsive to patient need.

# Are services effective?

## (for example, treatment is effective)

The provider had developed systems to record consent for treatment and when minor surgery was undertaken the consent was recorded in writing. The practice demonstrated it was Gillick competency aware. This is a rule for judging legal capacity in children under the age of 16 years such children are deemed to be capable of giving valid consent to health-care treatment or have access to contraception without parental knowledge or agreement provided they have sufficient intelligence and understanding to be fully aware of the nature, purpose, and hazards of the treatment.

### **Management, monitoring and improving outcomes for people**

We saw evidence that audits were undertaken within the practice, for example referrals to mental health and Chronic Obstructive Airways Disease (COPD). We saw that audits were presented at the clinical meetings and any required changes to practice discussed. This ensured the service continually reviewed its practice to improve and develop.

We looked at how the practice monitored the Quality Outcome Framework (QOF) diagnosis and prevalence. The QOF is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of the health care delivered. We saw that the practice closely monitored their performance against other practices in the Furness area and England. This meant that at glance the practice could identify if they were outliers in a particular area, the practice also monitored referrals to secondary care and in particular attendance at Accident and Emergency (A&E). This enabled the practice to try and understand why people used emergency services. An example of this could be an increased use of people with long term conditions that could indicate a need to improve the long term care of this group and help them recognise the signs of an exacerbation and to seek help early for their GP. The provider held regular meetings to monitor the practice's performance and benchmark it against other providers and looked at how they could improve the quality of the service delivered to patients. There was regular monitoring of referrals and prescribing to ensure best care was provided.

### **Staffing**

The provider had a comprehensive and up-to-date recruitment policy in place. The policy detailed all the pre-employment checks to be undertaken on a successful applicant before that person could start work in the

service. We looked at the recruitment file of the last member of staff to be employed we saw that the recruitment policy had not been fully followed in line with the requirements of CQC. We discussed this with the provider who told us they would address this immediately.

The provider had developed a comprehensive induction policy and identified a period of induction for new members of staff. We saw that there was no specific induction for Locum staff. However the provider told us that the locum used was a regular locum and familiar with the practice, they told us they would develop an induction process for locum staff. The practice had developed an electronic training matrix which identified what training was required, when staff had last attended and when their next training was due. The staff we spoke with told us there was good access to training as needed for their development and the needs of the practice.

The nurses in the practice were registered with the Nursing and Midwifery Council (NMC). To maintain their registration they must have undertaken regular training and updating of their skills. The GPs in the practice were registered with the General Medical Council (GMC) and were required to undertake regular training and updating of their skills. This ensured that clinical staff in the practice were registered with the relevant professional bodies to deliver care and treatment to patients. We spoke with GPs about their revalidation with the General Medical Council (GMC). Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they were up to date with clinical practice and were fit to practice. There was a positive approach to training and learning in the practice.

We saw that all staff in the practice had access to appraisal and support. The staff we spoke with confirmed this and told us they felt very supported and valued by the provider.

### **Working with other services**

The provider demonstrated that they worked closely with a range of other services and disciplines to provide good patient care. We saw that regular meetings had been established to meet with other agencies this ensured good communication and effective care planning for the different patient groups. Examples of those groups were, Macmillan nurses, children's nurse's, gold standards meeting and children looked after. The provider demonstrated a good awareness of the needs and

# Are services effective?

(for example, treatment is effective)

pressures in the local community some patients groups may experience. An example of this was the high level of depression and previous over usage of Benzodiazepines in the community.

## Health, promotion and prevention

We saw throughout the practice and on the practice web site a good range of health promotion information and posters. Examples of these were, antibiotic awareness, data protection, carers support, mental capacity and dementia and depression. We also saw signposting information to other organisations where people could gain help and support. Examples of those were carers support and sexual health. This provided patients with a range of information and support available to them locally.

The provider offered all new patients a consultation to assess their past medical and social histories, care needs and assessment of risk. We saw that the practice promoted

this in the practice information leaflet and on the web site. This meant that the needs of new patients were assessed and a plan of the persons ongoing needs to stay healthy were assessed. We saw that that practice had processes in place to support patients by providing a joint multi-agency approach to care and care management. The Patient Participation Group (PPG) group were also active in ensuring improvement, support and access to services for patients locally. A PPG is made up of a group of volunteer staff and patients who meet or communicate regularly to discuss the services on offer and how improvements can be made for the benefit of the local patient population and the practice. We saw on the practice web site that the minutes of the meetings were available. One member of the group told us, "We have a better understanding of why things are done in a certain way and the decisions that are made in the practice."

# Are services caring?

## Summary of findings

Overall the service was very caring. The patients we spoke to during the inspection and who had completed the comment cards prior to our visits were very complimentary about the service. The provider undertook regular patient surveys which produced consistently positive results above the national average. The provider's induction and training programmes emphasised the need for a patient centred approach to care.

## Our findings

### **Respect, dignity, compassion and empathy**

We observed patient's arrive into the reception area of the practice and saw that the staff interacted well with patients. They were polite, welcoming, professional and sensitive to the different needs of patients. We also observed staff dealing with patients on the telephone and saw them respond in an equally calm professional manner. We spoke with eight patients and twenty five people completed CQC comment cards. The patients we spoke with confirmed they were treated with respect and dignity by the staff. People we spoke with said, "The staff are helpful and pleasant, when I come in or phone for an appointment.", "This is the best practice in town". Another person said, "I came into the practice with an embarrassing problem and I was treated with respect and care." These comments confirmed patients were happy with the service they received. We saw there was a waiting area upstairs and down stairs in the practice with a children's corner where there was children's seating and activities. This provided a safe area for children to wait and play with activities to distract them. We saw the provider had confidentiality and chaperone policies in place and the staff we spoke with were aware of these. Staff demonstrated to us that they could access all policies on line.

We saw that some staff had undergone chaperone training and were aware of their roles and responsibilities when supporting patients. We saw information displayed explaining that patients could ask for a chaperone during examinations if they wanted one. They told us if a patient was distressed and wanted to speak privately they would take them into a room located off the reception area and give them the option to speak directly to the doctor or nurse privately. The staff we spoke with were aware of the importance of maintaining people's privacy and dignity.

We looked at the consulting rooms and found that there were no privacy screens available around any of the examination couches. We looked at the treatment room and found that there was only a mobile screen available that only screened one side of the examination couch. None of the people we spoke with commented about this issue.

# Are services caring?

We saw that the service had systems in place to communicate with people whose first language was not English. There were also plans in place for those patients who had a sensory loss or disability that required help in communication with staff.

Overall patients told us that the staff were always friendly and sensitive to their needs, put them at ease, asked their permission to examine them and explained what they were doing and the plans for ongoing care. One elderly gentleman told us, “All of the staff are wonderful here, recently all of the staff came to my wife’s eightieth birthday party”.

## **Involvement in decisions and consent**

We spoke with patients during our visit and reviewed the comment cards people had completed. People told us they felt involved in their care, that the GPs and nurses

listened to them, gave them time and provided explanations about their treatment. We spoke with a seventeen year old who told us, “The GP has excellent communication skills he has children the same age as me and I think he is able to relate to me.” We saw that there were a range of support services available to patients in the practice for example counselling, smoking cessation and bereavement support. We spoke with three members of the patient participation group (PPG). The patients we spoke with confirmed that they felt they were listened to by staff and involved in decisions about their care. We saw that when patients register with the practice they were asked if they were a carer for someone and this was recorded on the system. This ensures that the practice is able to identify this group and the special health needs they may have by being a carer.



# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

Overall the service was responsive to people's needs. There was involvement from the Patient Participation Group (PPG) and patient's suggestions for improving the service were acted upon. The provider participated actively in discussions with commissioners about how to improve services for patients in the area and there was a nominated lead in the practice to communicate with the Clinical Commissioning Group (CCG).

## Our findings

### Responding to and meeting people's needs

There was patient car parking available for staff and patients on the road outside. There was no hearing loop available in the building however staff told us they always tried to be aware of people's needs and assist them. We saw that the reception staff were always monitoring the entrance and asking people if they required help. We saw the practice had a dedicated toilet for disabled. There was no baby changing facilities but parents were able to use a room if available in the practice. The down stairs consulting rooms were able to accommodate access for patients with mobility difficulties however there was no screen around the couch or the ability to raise or lower the couch. The practice has some people of European origin and from the Philippines. Staff told us they had access to an interpreter or translation services for patients who needed it, and there was guidance about using interpreter services and contact details in the practice.

We looked at how responsive the practice was to making and reviewing referrals and saw that there were prompt and responsive systems in place to monitor and review this regularly. We saw that there was a process in place for choose and book referrals to other services. The NHS Choose and Book is a government initiative that allows patients to choose the time, date and hospital for your treatment. We saw that patients who required an urgent referral within a two week period were responded to effectively and the provider had processes in place to check this. We spoke with the staff involved in these processes who demonstrated how the practice was continually monitoring this process to ensure it was effective.

### Access to the service

The provider had a process in place to ensure that people could access services offered by the practice. We saw that the practice used a telephone system that monitored the number of calls and the practices responsiveness. We saw that it was not always possible to see the particular doctor of your choice on the same day but that the GPs were very responsive to ensuring all patients were seen and regularly worked extra hours to achieve this. We spoke with 8 people and received 25 CQC comment cards. On the whole patients told us they were able to access appointments and prescriptions easily in the practice but that if they wanted to see a particular doctor they may need to wait.



# Are services responsive to people's needs?

## (for example, to feedback?)

We saw that people could also speak with the doctor or nurse on the telephone if requested. We were told that in an emergency people would be seen immediately. We saw information displayed in the waiting area and on the practice web site about what to do in an emergency, in hours and out of hours. The practice opening hours were Monday to Friday and the practice also provided access from 07.30 two days a week and was open to 18.30 Monday to Friday. This provided the opportunity for people who may be working during the day access to appointments. To facilitate children who came home from school poorly the practice made appointments available after school. The provider told us that they continually tried to respond to different patient groups to ensure they had good access to care.

### Concerns and complaints

The service had a process in place for staff and patients to raise concerns. There was a complaints policy in place which staff and patients were aware of and provided

information about how to make a complaint, what happened next and what support was available. We saw that complaints were discussed regularly in the practice and action planned to prevent a recurrence. General learning points were shared with the team. We saw that the practice had received five complaints in the past year and we saw what action the practice had taken to address the issues raised. Complaints, significant events and outcomes were shared with the CCG regularly in the form of a report. The patients we spoke with during our visit and who commented were very positive and complementary about the staff and care they had received. Patients told us they would raise concerns they had with the practice manager. The practice was continually seeking people's views and comments undertaking satisfaction surveys. The patient leaflet provided detailed information for patients about the services that were available and how to raise compliments, comments or complaints. We saw there was further information available on the practice web site.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Summary of findings

Overall the service was well led. There was an identified leadership team in the practice with a clear vision and purpose. Governance structures were in place and there were systems in place for managing risk. Key members of staff were committed to maintaining and improving standards of care and encouraged good working relationships amongst the staff and other stakeholders. We saw good examples of leadership and care management in the practice.

## Our findings

### Leadership and culture

We saw that the practice had developed named leads across the practice that held responsibility and leadership for areas. Examples of this were safeguarding, safety alerts, complaints, Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information. This provided staff with an understanding of who was responsible for certain areas and who to contact if they had concerns. During the inspection we saw an inclusive leadership approach with a culture of learning and review to improve care and treatment. We saw that clinicians within the practice team had a range of different specialist knowledge and skills which they used to provide patients with good care and treatment and meant they were also able to provide an expert opinion to their colleagues. The clinical and non-clinical staff we spoke with demonstrated a good understanding of their area of responsibility and took an active role in ensuring that a high level of service was provided on a daily basis. The staff we spoke with told us that they felt they could raise any issues or concerns within the practice and they would be listened to.

### Governance arrangements

The practice regularly monitored its performance against the national quality outcomes framework. We saw that the practice looked at bench marking with other practices in the area; we saw this had been presented in graphs and at a glance the practice could establish how well they were doing locally and nationally. The practice manager, nurses and GPs were able to review the practice's performance against agreed targets and identify areas where performance needed to be improved upon. The provider communicated to the CCG any concerns or issues they had with other providers that affected health care delivery. This ensured that issues or concerns were continually identified and appropriate action taken to improve patient care. The practice worked with the CCG to monitor performance and outcomes and there was a nominated lead for this area.

### Systems to monitor and improve quality and improvement

Liverpool House Surgery regularly reviewed the quality of the service they delivered their performance locally and nationally and identified areas of risks. We saw that complaints, incidents, medicines management, and

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

prescribing were regularly reviewed. The practice had identified the need to improve some areas for example over prescribing and attendance at A& E. We saw that the provider had actions in place to improve this. We saw there were staff meetings where staff were kept updated and could raise issues or concerns. We spoke to staff who told us they felt those meetings could be increased to improve awareness of practice developments, issues and improve communication. We saw that further training had been identified as a need following an investigation of an issue where medication had been re-started when it had been stopped by the consultant.

## Patient experience and involvement

The practice had developed a patient participation group (PPG). A PPG is made up of a group of volunteer staff and patients who meet or communicate regularly to discuss the services on offer and how improvements can be made for the benefit of the local patient population and the practice. We spoke with three members of the PPG who shared with us the aims and expectations of the group and how they have been involved in improving the service. Examples were reviewing prescription requests, we saw that a survey had been done in the practice during this review and forty five people responded. We saw that patients were invited to comment on the service and be involved in service development. We saw that there were regular patient surveys completed and Liverpool House surgery was rated by its patients well above the national average in all areas of satisfaction.

## Staff engagement and involvement

The practice had established meetings with staff to ensure they were kept aware of developments, patient's feedback and concerns. There were regular clinical meetings and the clinicians also met each day at break time to discuss issues or seek advice about patient care. We found evidence that a range of regular meetings were held. The staff we spoke

with confirmed the meetings took place and that it was an opportunity to be constantly improving communication.

The practice also held regular meetings with people from other disciplines to ensure good patient care and pathway development. An example of those were Macmillan nurses, district nurses and health visitors.

## Learning and improvement

The provider had established an online training matrix which highlighted staff training needs, courses available, attendance and course completion. We also saw that staff were required to read policies and procedures developed by the practice that linked to the particular training, an example was safeguarding. This meant that the provider was able to be assured that staff were aware of specific practice policies and procedures. The staff we spoke with told us they were very well supported and had access to the training they required. The provider ensured that all staff underwent an annual appraisal, objectives and training needs were identified.

## Identification and management of risk

The provider undertook a regular review of risks and where they were identified and a risk assessment was undertaken. We saw that risks were discussed at practice meetings and staff were made aware of potential risks. Staff we spoke with were aware of the importance of health and safety in the practice and who to notify if they had any concerns. We saw that staff had undergone regular Health and Safety training.

We saw that there were a number of risks identified which related to the age of the building and cost implication to address these as the practice is due to relocate to a purpose built building. Examples of those were there were no disabled access to the first floor and no emergency lighting.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>(1) the registered person must, so far as reasonably practicable ensure that (a) service users (b) persons employed for the purpose of carrying on of the regulated activity and (c) others who may be at risk of exposure to a health care associated infection arising from the carrying-on of the regulated activity are protected against identifiable risks of acquiring such an infection.</p> <p>(2)(a) The effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The registered person must—</p> <p>(a) operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person(i) is of good character,</p>

This section is primarily information for the provider

## Compliance actions

- (ii) has the qualifications, skills and experience which are necessary for the work to be performed, and
- (iii) is physically and mentally fit for that work;